DATE	· December 20, 2000	Paper No.:
DAIL	: December 20, 2006	
TO SPE OF	: ART UNIT_1755	
SUBJECT	: Request for Certificate of Con	rection for Appl. No.: 10/722313 patent No.: 7,101,487
Please resp	ond to this request for a c	ertificate of correction within 7 days.
the IFW app	w the requested changes lication image. No new rather claims be changed.	s/corrections as shown in the COCIN document(s) in natter should be introduced, nor should the scope or
Please compusing docum	olete the response (see beneficed by code COCX.	elow) and forward the completed response to scanning
		Magdalene Talley
		Certificates of Correction Branch
		703-308-9390 ext 116
Thank You	For Your Assistance	703-308-9390 ext. <u>116</u>
Thank You	For Your Assistance	703-308-9390 ext. <u>116</u>
The request		703-308-9390 ext. <u>116</u> dentified correction(s) is hereby:
The request	t for issuing the above-i	
The request Note your decision	t for issuing the above-i on the appropriate box.	dentified correction(s) is hereby:
The request Note your decision	t for issuing the above-i on the appropriate box. Approved	dentified correction(s) is hereby: All changes apply.
The request Note your decision	t for issuing the above-i on the appropriate box. Approved Approved in Part Denied	dentified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.
The request Note your decision	t for issuing the above-i on the appropriate box. Approved Approved in Part	dentified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.
The request Note your decision	t for issuing the above-i on the appropriate box. Approved Approved in Part Denied	dentified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.
The request Note your decision	t for issuing the above-i on the appropriate box. Approved Approved in Part Denied	dentified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.
The request Note your decision	t for issuing the above-i on the appropriate box. Approved Approved in Part Denied	dentified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.
The request Note your decision	t for issuing the above-i on the appropriate box. Approved Approved in Part Denied	dentified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.
The request Note your decision	t for issuing the above-i on the appropriate box. Approved Approved in Part Denied	dentified correction(s) is hereby: All changes apply. Specify below which changes do not apply. State the reasons for denial below.